

PTO/SB/21 (09-04)

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FW**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 19

Application Number	10/807,694
Filing Date	March 24, 2004
First Named Inventor	Harri Okonnen
Art Unit	2192
Examiner Name	Chih Ching Chow
Attorney Docket Number	15620US02

**ENCLOSURES (check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under<br>37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication<br>to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return-Receipt Postcard<br><input checked="" type="checkbox"/> Other Enclosure(s) (please<br>identify below):<br>Request For Continued<br>Examination Under 37 C.F.R.<br>§1.114 and Amendment |
| Remarks  |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

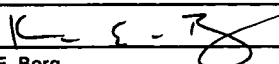
Firm	McAndrews Held & Malloy, Ltd.
Signature	
Printed Name	Kevin E. Borg reg# 51,486
Date	December 8, 2005

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 8, 2005

Name (Print/type)	Kevin E. Borg	Registration No. (Attorney/Agent)	51,486
Signature		Date	12/08/2005

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>					
<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <b>PTO</b>  <b>DEC 13 2005</b>  <b>U.S. PATENT &amp; TRADEMARK OFFICE</b> </div> <b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		Application Number	10/807,694				
		Filing Date	March 24, 2004				
		First Named Inventor	Harri Okonnen				
		Examiner Name	Chih Ching Chow				
		Art Unit	2192				
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	15620US02				
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 455.00							
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held &amp; Malloy</u>							
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, <b>except for the filing fee</b>							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17							
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fee(\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fee(\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fees Paid(\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							<u>Small Entity</u>
<u>Fee Description</u>							<u>Fee(\$)</u>
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
<u>Total Claims</u> _____ <u>Extra Claims</u> _____ <u>Fee(\$)</u> _____ <u>Fee Paid (\$)</u> _____							<u>Multiple Dependent Claims</u>
_____ -20 or HP _____ x _____ = _____							<u>Fee</u>
HP = highest number of total claims paid for, if greater than 20							<u>Fee Paid (\$)</u>
<u>Indep. Claims</u> _____ <u>Extra Claims</u> _____ <u>Fee(\$)</u> _____ <u>Fee Paid (\$)</u> _____							
_____ -3 or HP _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>		<u>Extra Sheets</u>		<u>Number of each additional 50 or fraction thereof</u>		<u>Fee(\$)</u>	<u>Fee Paid(\$)</u>
_____ -100		_____ /50		_____ (round up to a whole number)		x _____	= _____
<b>4. OTHER FEE(S)</b>							<u>Fee Paid(\$)</u>
Non-English Specification, \$130 fee (no small entity discount)							_____
Other: <u>RCE (\$395) and One-month Extension of Time (\$60)</u>							455.00
<b>SUBMITTED BY</b>							
Signature				Registration No. (Attorney/Agent)	51,486	Telephone	(312)775-8000
Name (print/type)	Kevin E. Borg			Date	12/08/2005		